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Attorney's Docket No.: 16590-003001

OFFICIAL COMMUNICATION FACSIMILE:

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Number of pages including this page 5

Applicant : Thomas R. Omstead et al.
Serial No. : 10/697,151
Filed : October 31, 2003

Art Unit : 3728
Examiner : J. Kavanaugh

Title : Footwear Containing Improved Audio/Visual Displays

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

A Request for Customer Number and "Fee Address" Indication Form (SECOND REQUEST) dated June 13, 2008 is attached.

Respectfully submitted,

Date: June 13, 2008

/Gregory A. Walters/
Gregory A. Walters
Reg. No. 41,366

Fish & Richardson P.C.
1425 K Street, N.W.
11th Floor
Washington, DC 20005-3500
Telephone: (202) 783-5070
Fax: (202) 783-2331

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CONNECTION TEL		15712730177
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PGS. SENT	3	
RESULT	OK	

Attorney's Docket No.: 16590-003001

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Number of pages including this page 3

Applicant : Thomas R. Omstead et al.	Art Unit : 3728
Serial No. : 10/697,151	Examiner : J. Kavanaugh
Patent No.: 7,059,070	Conf. No.: 9092
Filed : October 31, 2003	

Title : Footwear Containing Improved Audio/Visual Displays

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

A Request for Customer Number and "Fee Address" Indication Form dated May 6, 2008
are attached.

Respectfully submitted,

Date: May 6, 2008

/Gregory A. Walters/
Gregory A. Walters
Reg. No. 41,366

Fish & Richardson P.C.
1425 K Street, N.W.
11th Floor
Washington, DC 20005-3500
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Applicant : Thomas R. Omstead et al.
Serial No. : 10/697,151
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Title : Footwear Containing Improved Audio/Visual Displays

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

A Request for Customer Number and "Fee Address" Indication Form dated May 6, 2008
are attached.

Respectfully submitted,

Date: May 6, 2008

/Gregory A. Walters/
Gregory A. Walters
Reg. No. 41,366

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JUL 01 2008

**Request for
Customer Number****Address to:**Mail Stop EBC
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

To the Commissioner of Patents

Please assign a Customer Number to the Address indicated below.

**Firm or
Individual Name** Thomas R. Omstead**Address** 3655 North First Street**Address****City** San Jose**State**


CA

ZIP 95134**Country****Telephone** 510-377-4053**Fax**

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.

☐ Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto**Request Submitted by:****Firm Name (if applicable)****Name of Person
submitting request**

Thomas R. Omstead

Signature**Telephone Number**

510-377-4053

Date

4/28/2008